



Deborah A. Clayman
Licensing Director

City of Chelsea
DEPARTMENT OF LICENSING,
PERMITTING AND CONSUMER AFFAIRS
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Chelsea, Massachusetts 02150

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**APPLICATION FOR PERMIT FOR
LOCATION OF TOBACCO SALES**

Name of establishment _____

Business address _____

Business telephone _____

Business owner _____

Home address _____

Home telephone _____

If owner is a corporation, stated the following information for the principal officers:

Name of President _____
Social Security # _____ D/Birth _____
Home Address _____
Home Telephone # _____

Name of Secretary _____
Social Security # _____ D/Birth _____
Home Address _____
Home Telephone # _____

Name of Treasurer _____
Social Security # _____ D/Birth _____
Home Address _____
Home Telephone # _____

Name of Clerk _____
Social Security # _____ D/Birth _____
Home Address _____
Home Telephone # _____

Manager of establishment _____

Home address of manager _____

Home telephone _____

Do you sell tobacco products over the counter? ____ Yes ____ No

Do you sell tobacco products in vending machines? ____ Yes ____ No

If you sell tobacco products in vending machines, answer the following:

Do your vending machines have lockout devices? ____ Yes ____ No

Do you own the vending machines? ____ Yes ____ No

If you do not own the vending machines, answer the following:

Name of vendor _____

Address of vendor _____

Telephone number _____

Do you have free standing displays of individual packages of tobacco products? ____ Yes ____ No

If so, how many feet are the displays from the regular location of the person designated to supervise their purchase? _____

Department of Revenue Retailer's License for Sale of Cigarettes Number: _____
Issuance date: _____

Signature of applicant

Federal Tax ID Number

Date

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Pursuant to M.G.L. ch. 62C, sec. 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

Print Name

Signature of applicant

Federal ID or Social Security #

Date

NOTE: All preceding questions must be completely answered. Any falsification of the foregoing information will lead to immediate denial/revocation of Permit for Location of Tobacco Sales.

Prior to approval and issuance of a Permit for Location of Tobacco Sales, the following documentation must be submitted to Deborah A. Clayman, Director, Licensing Department, City Hall, 500 Broadway, Room 200, Chelsea, MA:

- 1) Copy of Cigarette Retailer's License, issued by the Massachusetts Department of Revenue;
- 2) License fee in the amount of \$75, payable to the City of Chelsea by check or money order only;
- 3) A Certificate of Insurance showing workers compensation insurance or Certificate of Compliance, in accordance with Section 25C of Chapter 152 of Massachusetts General Laws (copy attached).

Permit holders are required to adhere to the provisions of Article X of the State Sanitary Code for Food Establishments, 105 CMR 590.00 and the provisions adopted by the Local Board of Health, entitled "Chelsea Board of Health Tobacco Control Regulations," all as amended to date.